



APPLICATION TO INSTALL ROOFING AND/OR SIDING ONLY

Please fill out completely all applicable areas – Please use ink
ELECTRICAL PERMIT ALSO REQUIRED FOR SIDING JOBS

THIS SECTION FOR OFFICIAL USE ONLY

BUILDING PERMIT NUMBER: _____ **DATE ISSUED:** _____

SIGNATURE: _____ **PERMIT FEE:** _____

BUILDING OFFICIAL

PROPERTY ADDRESS:

OWNER'S NAME: _____

SIGNATURE

OWNER'S ADDRESS: _____ **PHONE:** _____

ESTIMATED COST: _____ **MAP:** _____ **LOT:** _____

HISTORIC DISTRICT: YES NO **ZONING DISTRICT:** _____

ROOFS

TYPES OF MATERIAL TO BE USED: ASPHALT _____ CEDAR _____ OTHER: _____

NUMBER OF SQUARES ____ **WILL NEW ROOF HAVE 1 LAYER?** ____ **OR 2?** _____

SIDEWALL

TYPE OF MATERIAL TO BE USED: SHINGLES: _____ CLAPBOARD _____ OTHER _____

NUMBER OF SQUARES: _____ **ELECTRICAL PERMIT NUMBER** _____

CONTRACTOR INFORMATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

CONSTRUCTION SUPERVISOR LICENSE # _____ **EXP. DATE:** _____

HOME IMPROVEMENT CONTRACTOR # _____ **EXP. DATE:** _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

Type of project (required):

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time)* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet.++ These sub-contractors have workers' comp. Insurance. | 6. <input type="checkbox"/> New Construction |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers comp. Insurance required.) | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c.152.S1(4), and we have no employees. {No workers' comp. Insurance required.} | 7. <input type="checkbox"/> Remodeling |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. {No workers' comp. insurance required.}+ | | 8. <input type="checkbox"/> Demolition |
| | | 9. <input type="checkbox"/> Building addition |
| | | 10. <input type="checkbox"/> Electrical repairs or additions |
| | | 11. <input type="checkbox"/> Plumbing repairs or additions |
| | | 12. <input type="checkbox"/> Roof repairs |
| | | 13. <input type="checkbox"/> Other: _____ |

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

+Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

++Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. Policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-Ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL.c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER AND A FINE OF UP TO \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for Insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- | | | | |
|-----------------------|------------------------|--------------------|-------------------------|
| 1. Board of Health | 2. Building Department | 3. City/Town Clerk | 4. Electrical Inspector |
| 5. Plumbing Inspector | 6. Other _____ | | |

Contact Person: _____ Phone: _____